

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # 10

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT



Filing

\$ 50

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 50

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/c #:

9 50--21/70

10 REASON:



Overpayment

Duplicate Payment

No Fee Due (Explanation):

*Rule change - 08 Dec 2004*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE: Supervisor

SIGNATURE: Larry M. Johnson

PHONE: 723-308-9140

OFFICE: DDO/EO

X221

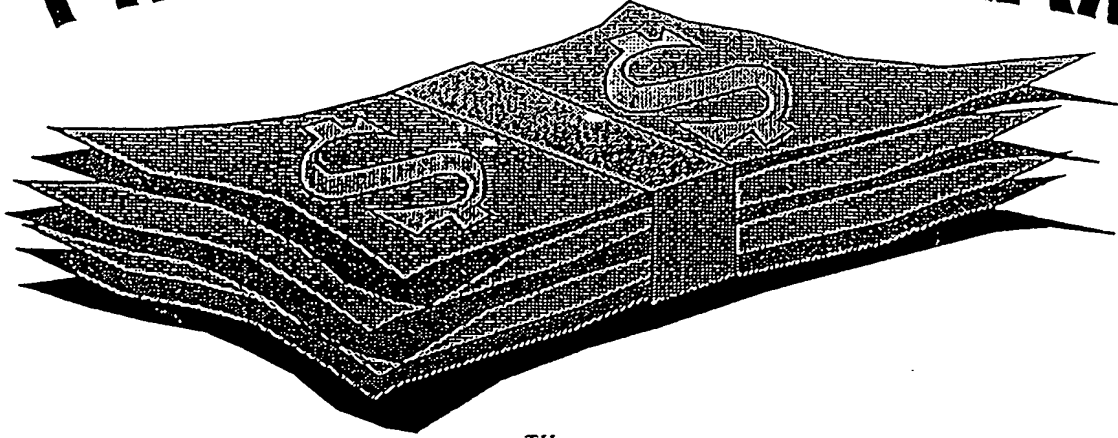
\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

# SPECIAL REQUEST FOR FINANCE/RAM TEAM



TO: PCT RAM TEAM CP2/5<sup>TH</sup> FLOOR

PLEASE PROCESS THE FOLLOWING ADJUSTMENTS:

FROM

TO

CODE

FEE AMOUNT

CODE

FEE AMOUNT

2632

250

2642

200

ER :

☐ CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND  
ADDITIONAL FEES

☐ OTHER : \_\_\_\_\_

THE ORIGINAL METHOD OF PAYMENT WAS

☐ BY A CHECK

☐ BY A CHARGE TO DEPOSIT ACCOUNT NO. \_\_\_\_\_

*Refund \$50.*

REQUESTED BY: *Terry M. Johnson* Vessels DATE: \_\_\_\_\_